



Ventilation Log

Instructions:

- ☐ Make one copy of this Checklist and Log for **each** ventilation unit in your school.
- ☐ Perform the activities on the Checklist and Log for **each** ventilation unit and record your results.
- ☐ One column is provided for each inspection. Put the date at the top of the column, and initial each response. For subsequent inspections on the same unit, move to the next column until the sheet is full.
- ☐ A “No” response requires further attention.

Name _____

School _____

Room or Area _____

ACTIVITY	NEEDS ATTENTION IF “NO”	DATE: INITIALS	NEEDS ATTENTION IF “NO”	DATE: INITIALS	NEEDS ATTENTION IF “NO”	DATE: INITIALS
Outdoor Air Intakes (see page 5 for more information)						
1. Outdoor air intakes not obstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Outdoor air intake clear of nearby pollutant sources	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Outdoor air moving into intake	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
System Cleanliness (see pages 5-6 for more information)						
4. Filters in good condition, properly installed, and no major air leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Drain pan clean and no standing water	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Heating and cooling coil(s) clean	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Interior of air handling unit and ductwork clean	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Mechanical room free of trash and chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Controls for Outdoor Air Supply (see pages 6-8 for more information)						
9. Controls information on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Clocks, timers, and switches properly set	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pneumatic controls okay	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Outdoor air damper operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



ACTIVITY	NEEDS ATTENTION IF "NO"	DATE: INITIALS	NEEDS ATTENTION IF "NO"	DATE: INITIALS	NEEDS ATTENTION IF "NO"	DATE: INITIALS
Controls for Outdoor Air Supply (continued)						
13. Freeze-stat reset	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Mixed air thermostat set properly	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Economizer set per specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Fans supplying outdoor air operate continuously during occupied periods	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air Distribution (see pages 8-9 for more information)						
17. Air distribution function per design	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Air flow direction (relative pressures) okay	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exhaust Systems (see page 9 for more information)						
19. Exhaust fans operating	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Local exhaust fan(s) remove enough air to eliminate odors and chemical fumes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Exhaust ductwork sealed and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Quantity and Adequacy of Outdoor Air Supply (see page 9-13 for more information)						
22. Measure quantity of outdoor air a. outdoor air supply b. number of occupants served by this unit c. CFM/occupants (a + b)	_____ _____ _____		_____ _____ _____		_____ _____ _____	
Meets original design specs?						
23. Recommendation in Table 1 for this type of area: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	